

**FREDERICKSBURG FIRE DEPARTMENT
FREDERICKSBURG, VIRGINIA**

APPLICATION FOR EMPLOYMENT

Applicant Name: _____
Last First Middle

To Applicant: Fill out application fully. Do not leave blank spaces. If additional space is needed, use extra sheets of paper and attach to the rear of application. Note: Questions concerning race, sex, marital status, family information, and citizenship, are necessary to accurately conduct background investigations.

Date _____

POSITION APPLIED FOR _____
(Fire Fighter – Medic1 – Other)

Home Address _____
City/Town County State ZIP Code
(Street and number or rural route number. Do not use post office box)

Home Telephone No. (____) _____ Daytime telephone No. (____) _____

Social Security No. _____ Date of Birth _____ Age _____

Place of Birth _____ Country _____
City, Town, County and State If Outside U. S. A.

Weight _____ Height _____ Eyes _____ Hair _____ Complexion _____

Race _____ Sex _____ Marital status _____
(Married, Single, Divorced, Separated, Widow, Widower)

If married, full maiden name of spouse _____
Last First Middle

Date of birth _____ Age ____ Place of birth _____
City/Town & State-Country, if foreign born

Indicate full address if different from applicant _____
Street, City/Town & State

Indicate spouse's telephone number if different from applicant _____

Occupation of spouse _____ Place of employment _____

Number of children residing with applicant _____ Indicate their name(s) and age(s) _____

List name of other persons dependent upon you for support _____

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Person to be notified in the event of injury or illness

Name Address Phone No. Relationship

PERSONAL

Are you a citizen of the United States? _____ If not, nationality _____
If naturalized, give date, place, and name of court _____

Do you have any family members employed by the Fredericksburg Fire Department or the city government who are related to you by marriage or otherwise? If so, indicate names, departments and positions: _____

Are you now, or have you ever been a user of any form of drug or narcotics not prescribed for you by a certified physician? _____. If yes, describe substance and use: _____

Do you use tobacco products? _____ If yes, name product(s) _____

Do you reside in the state of Virginia? _____ How long? _____

Are you a resident of Fredericksburg? _____ How long? _____

Do you possess a valid motor vehicle operator's license? _____ If yes, indicate the state and the license number _____

Do you hold any special license or certificates? (e.g. radio, pilot, professional occupation, etc) _____

If yes, indicate nature of license or certificate _____

Describe your hobbies, if any: _____

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Other than English, can you speak, write, or read any foreign language? _____
If yes, indicate the language and your ability to read, write or speak. _____

Are you a member, or have you ever been associated with any group or organization that advocates the overthrow of the government of the United States, the Commonwealth of Virginia, or, any other type of government? _____ If yes, explain on a separate sheet of paper and attach to the rear of this document.

List the clubs and/or organizations that you belong to or have belonged to in the past. _____

EDUCATION

Grammar School – Indicate name of school _____
Address of school(s) _____
Indicate dates attended _____

Parochial School – Indicate name of school _____
Address of school(s) _____
Indicate dates attended _____

High School – Indicate name of school _____
Address of school(s) _____
Indicate dates attended _____
Did you graduate from high school? _____ If yes, date of graduation _____
If No, do you possess a General Education Development certificate? _____
If yes, indicate date obtained and place where tested _____

University Or College – Did you attend a university or college (including community college?) _____ If yes, indicate name and address of the institution _____

Indicate date(s) attended. _____
Major study _____ Did you graduate? _____
If yes, type of diploma, degree or certificate? _____

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Correspondence Or Trade School – Indicate name, address, and dates you attended a trade or correspondence school, if any _____

Did you complete the course? _____ If yes, indicate diploma or certificate obtained. _____

Have you ever been expelled or otherwise removed from any school, college or university? _____
If Yes, Explain Circumstances _____

PARENTS

Your father's full name _____ Age _____
Date of birth _____ Place of Birth _____
Address _____

Street & number City, State Zip Code
Occupation _____ Name of employer _____

Your mother's full maiden name _____ Age _____
Date of birth _____ Place of birth _____
Address _____

Street & number City, State Zip Code
Occupation _____ Name of employer _____

EMPLOYMENT HISTORY

List your past places of employment both full-time and part-time starting with your present or last position and working back to the first position. (If additional space is needed, use plain sheets of paper and attach to this document).

1. Employer _____
Address _____
Position held _____ Present annual salary _____
Immediate supervisor _____
Starting date _____ Date left position _____
Reason for leaving _____

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2. Employer _____
Address _____
Position held _____ Annual salary _____
Immediate supervisor _____
Starting date _____ Date left position _____
Reason for leaving _____

3. Employer _____
Address _____
Position held _____ Annual salary _____
Immediate supervisor _____
Starting date _____ Date left position _____
Reason for leaving _____

4. Employer _____
Address _____
Position held _____ Annual salary _____
Immediate supervisor _____
Starting date _____ Date left position _____
Reason for leaving _____

5. Employer _____
Address _____
Position held _____ Annual salary _____
Immediate supervisor _____
Starting date _____ Date left position _____
Reason for leaving _____

6. Employer _____
Address _____
Position held _____ Annual salary _____
Immediate supervisor _____
Starting date _____ Date left position _____
Reason for leaving _____

MILITARY SERVICE

Have you ever served in the armed forces of the United States? _____ If yes, give the
branch of service _____

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Dates of service: From: _____ To: _____

What was your military specialty or job? _____

What was the highest military rating you obtained? _____

Were you ever disciplined or court-martial while serving in the U.S. armed forces? _____
If Yes, state full facts concerning charges, type of court-martial, and action taken, if any _____

List all awards and commendations you received while in the armed forces _____

Type of discharge received _____

Were you a member of more than one branch of the armed forces? _____ If yes, indicate the same information as asked above on a plain sheet of paper and attach to the rear of this document.

CREDIT

List five (5) places of business and their address to include banks, department stores, and credit card companies, where you have or previously had an account to do business.

1. _____
2. _____
3. _____
4. _____
5. _____

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DEBTS

List all outstanding debts over \$1000.00 _____

ARRESTS AND CONVICTIONS

Have you ever been arrested? _____ If yes, list dates, place of occurrence, and disposition of charges _____

Have you ever received a traffic violation summons or a violation notice in this state or elsewhere? _____
If yes, indicate place of offense, type of charge, date, and disposition of charge _____

Have you ever been involved in a motor vehicle accident? _____ If yes, indicate the place, date and circumstances and where you were the driver _____

CIVIL ACTION

Have you ever been sued? _____ If yes, indicate the circumstances surrounding this action and conclusion _____

Have your wages ever been garnished, levied upon, attached, or seized? _____ If yes, explain the circumstances _____

MISCELLANEOUS

Have you ever been fired or forced to resign from a job? _____ If yes, explain on a separate sheet of paper and attach it to the end of this document.

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Have you ever applied for a position with any other fire department? _____ If yes, indicate name of agency and the date of application _____

Were you rejected? _____

Do you know of anything that might disqualify you for an appointment to this department or prevent the full discharge of the duties of the position for which you are appointed? _____ If yes, indicate this knowledge _____

State two reasons why you believe you are qualified to accept a position with the Fredericksburg Fire Department.

1. _____
2. _____

PERSONAL REFERENCES

List the names, addresses, and occupations of at least five (5) persons (Non-Family Members), both personal and professional, who have known you more than three (3) years and are familiar with your abilities and habits.

1. _____
2. _____
3. _____
4. _____
5. _____

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ACKNOWLEDGEMENT / CERTIFICATION

By submitting this application to the Fredericksburg Fire Department for a position as a Fire Fighter, Medic or as a full-time or part-time civilian employee, I understand that the position for which I may be hired might require working irregular hours, and there may be occasions when it will be necessary to work holidays including religious holidays.

I hereby certify that there are no willful misrepresentations or falsifications contained in my answers to questions and statements made in this application. I am aware that should an investigation disclose such misrepresentations or falsifications, my application will be rejected and I will be disqualified from applying for any position with the Fredericksburg Fire Department, or, if such disclosure is made subsequent to my employment, it shall be grounds for dismissal.

Full Signature of Applicant

Date

Full Signature and Title of Witness

Date